## 117000138246

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(1)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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WE HARRIE

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: A	Fine Line Paintin Name of Lim	ng ComPan4 #1	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	Pau	1 R Hitson Name of Person	
	A Fine Li	ne Painting cor	nany #/ LLC
	8434 Radi	o Ln Address	<del> </del>
	-		
	Tampa Fl.	33619 City/State and Zip Code	
	Fan LYH; ts.	city/state and Zip Code  on 630 9 mail Or  to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
fand 4	Hitson Person	at ( <u>813</u> ) <u>270</u> Area Code Daytimo	C   188
		•	•
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



August 2, 2017

PAUL R HITSON 8434 RADIO LN TAMPA, FL 33619

SUBJECT: A FINE LINE PAINTING COMPANY 1 LLC

Ref. Number: L17000138246

We have received your document for A FINE LINE PAINTING COMPANY 1 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00015666

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SECRETARIES AND SECRETARIES

# ARTICLES OF ORGANIZATION OF A Fine Line Painting Company #1 LLC

ARTICLES OF AMENDMENT

(Name of the Limited	Liability Company as Florida Limited Liabilit	t now appears on our y Company)	r records.)			
The Articles of Organization for this Limited Liab Florida document number <u>L/1</u> 20013824	ility Company were	filed on $4-2$	6-2017	and	assign	ed
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liability o	ompany here:				
The new name must be distinguishable and contain the word	s "Limited Liability Co	mpany,* the designation	on "LLC" or the at	obreviation		
Enter new principal offices address, if applicable	e:				2511	- <del> </del>
(Principal office address MUST BE A STREET A	<u> </u>			<u> جا جر</u>	A C	£ ;
				<u> </u>	<del>-</del>	72442
Enter new mailing address, if applicable:					7	
(Mailing address MAY BE A POST OFFICE BO	<u></u>			27.7. 27.7.	B:	<del>*</del> .
B. If amending the registered agent and/or registered agent and/or the new registered office	_	address on our r	records, <u>enter</u>	the nar	ne of	the new
Name of New Registered Agent:	William	walter.	Jones J	R_		<del></del>
New Registered Office Address:	4201 Th	OVOTO SASS Enter Florida stree	a Ld	<u>-</u> -		<del></del>
-	Plant Ci	ty	, Florida	335( Zip Co	' <u>o 5</u> ×de	
ALCOHOL PARTICIPATION AND ACTION OF THE PARTICIPATION OF THE PARTICIPATI	transfer to the contract of th					

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

William Walter Vones ) [
1 Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title MBR	Name William Jones	Address 420 Thonotossa Rd Plante:	Type of Action
			Remove
			i::Add
			Remove
			i Change
			ii:]Add
			Remove
			Change
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			Remove
			Change
	<del></del>		Add Signature
			Remove
			OD TOTAL
		· · · · · · · · · · · · · · · · · · ·	Remove
			L.Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	vessary.)
MY FE/EIN Number on my	Filing
	1
information Says None I	100010
Like it Put on	
	,
FE/Ein #	15
	****
822012992	
Thank You	cinal
Od Bless u.	
got the sold	
	<del></del>
E. Effective date, if other than the date of filing:	ional) er filing ) Pursuant to 605 0207 (3)()
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	
document's effective date on the Department of State's records.	
i the second appoints a deleved effective data, but not an effective time, at 12:01	a mu an the corling of:
the record specifies a delayed effective date, but not an effective time, at 12:01.  b) The 90th day after the record is filed.	a.m. on the earlier or.
Dated ,	
P D 1-	2017
Signature of a member or authorized representative of a member	<u> </u>
Signature of a member of authorized representative of a nember	公里 二
	200 O
Paul Hitson	P 3 /
Typed or printed name of signee	•

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Filing Fee: \$25.00